

MULTIPLE DEPENDENT CLAIM		FEE CALCULATION SHEET		CLAIMS	
SERIAL NO.		APPLICANT(S)		FILING DATE	

AS FILED

AFTER 1ST AMENDMENT

AFTER 2ND AMENDMENT

MD DEP

MD DEP

MD DEP

MD DEP

MD DEP

MD DEP

MD DEP

MD DEP

MD DEP

MD DEP

MD DEP

MD DEP

MD DEP

MD DEP

MD DEP

MD DEP

MD DEP

MD DEP

MD DEP

MD DEP

MD DEP

MD DEP

MD DEP

MD DEP

MD DEP

MD DEP

MD DEP

MD DEP

MD DEP

MD DEP

MD DEP

MD DEP

MD DEP

MD DEP

MD DEP

MD DEP

MD DEP

MD DEP

MD DEP

MD DEP

MD DEP

MD DEP

MD DEP

MD DEP

MD DEP

MD DEP

MD DEP

MD DEP

MD DEP

MD DEP